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APPLICANTS

Michael A. Valleriano, Webster, NY;
Christopher I. Marshall, Pittsford, NY;
Mark A. Bobb, Rochester, NY;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

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Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 23	TOTAL CLAIMS 24	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	<i>M.D.</i> Examiner's Signature	Initials			

ADDRESS

Thomas H. Close
Patent Legal Staff
Eastman Kodak Company
343 State Street
Rochester, NY14650-2201

TITLE

CORRELATING CAPTURED IMAGES AND TIMED 3D EVENT DATA

FILING FEE RECEIVED 842	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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